

DATE: <u>01/24/01</u>	FROM: <u>CH0</u>	(print name)
REASON(S):		
A. You had Parent <input type="checkbox"/> (check box)		
B. See Title <input type="checkbox"/> (check box)		
C. See Abstract <input type="checkbox"/> (check box)		
D. See Claim(s): _____		

FURTHER EXPLANATION IF NEEDED:

Signature verification

DATE: _____	FROM: _____	(print name)
REASON(S):		
A. You had Parent <input type="checkbox"/> (check box)		
B. See Title <input type="checkbox"/> (check box)		
C. See Abstract <input type="checkbox"/> (check box)		
D. See Claim(s): _____		

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____	(print name)
REASON(S):		
A. You had Parent <input type="checkbox"/> (check box)		
B. See Title <input type="checkbox"/> (check box)		
C. See Abstract <input type="checkbox"/> (check box)		
D. See Claim(s): _____		

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: